

Introduced by Senator Aanestad

February 14, 2007

An act to amend Section 1250 of the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

SB 254, as introduced, Aanestad. Health facilities: licensure.

Existing law provides for the licensure and regulation of health facilities.

This bill would make a technical, nonsubstantive change to these provisions.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1250 of the Health and Safety Code is
2 amended to read:
3 1250. As used in this chapter, "health facility" means any
4 facility, place, or building that is organized, maintained, and
5 operated for the diagnosis, care, prevention, and treatment of
6 human illness, physical or mental, including convalescence and
7 rehabilitation and including care during and after pregnancy, or
8 for any one or more of these purposes, for one or more persons,
9 to which the persons are admitted for a 24-hour stay or longer, and
10 includes the following types:
11 (a) "General acute care hospital" means a health facility having
12 a duly constituted governing body with overall administrative and
13 professional responsibility and an organized medical staff that

1 provides 24-hour inpatient care, including the following basic
2 services: medical, nursing, surgical, anesthesia, laboratory,
3 radiology, pharmacy, and dietary services. A general acute care
4 hospital may include more than one physical plant maintained and
5 operated on separate premises as provided in Section 1250.8. A
6 general acute care hospital that exclusively provides acute medical
7 rehabilitation center services, including at least physical therapy,
8 occupational therapy, and speech therapy, may provide for the
9 required surgical and anesthesia services through a contract with
10 another acute care hospital. In addition, a general acute care
11 hospital that, on July 1, 1983, provided required surgical and
12 anesthesia services through a contract or agreement with another
13 acute care hospital may continue to provide these surgical and
14 anesthesia services through a contract or agreement with an acute
15 care hospital. The general acute care hospital operated by the State
16 Department of Developmental Services at Agnews Developmental
17 Center may, until June 30, 2007, provide surgery and anesthesia
18 services through a contract or agreement with another acute care
19 hospital. Notwithstanding the requirements of this subdivision, a
20 general acute care hospital operated by the Department of
21 Corrections and Rehabilitation or the Department of Veterans
22 Affairs may provide surgery and anesthesia services during normal
23 weekday working hours, and not provide these services during
24 other hours of the weekday or on weekends or holidays, if the
25 general acute care hospital otherwise meets the requirements of
26 this section.

27 A “general acute care hospital” includes a “rural general acute
28 care hospital.” However, a “rural general acute care hospital” shall
29 not be required by the department to provide surgery and anesthesia
30 services. A “rural general acute care hospital” shall meet either of
31 the following conditions:

32 (1) The hospital meets criteria for designation within peer group
33 six or eight, as defined in the report entitled Hospital Peer Grouping
34 for Efficiency Comparison, dated December 20, 1982.

35 (2) The hospital meets the criteria for designation within peer
36 group five or seven, as defined in the report entitled Hospital Peer
37 Grouping for Efficiency Comparison, dated December 20, 1982,
38 and has no more than 76 acute care beds and is located in a census
39 dwelling place of 15,000 or less population according to the 1980
40 federal census.

(b) “Acute psychiatric hospital” means a health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care for mentally disordered, incompetent, or other patients referred to in Division 5 (commencing with Section 5000) or Division 6 (commencing with Section 6000) of the Welfare and Institutions Code, including the following basic services: medical, nursing, rehabilitative, pharmacy, and dietary services.

(c) “Skilled nursing facility” means a health facility that provides skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis.

(d) “Intermediate care facility” means a health facility that provides inpatient care to ambulatory or nonambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous skilled nursing care.

(e) “Intermediate care facility/developmentally disabled habilitative” means a facility with a capacity of 4 to 15 beds that provides 24-hour personal care, habilitation, developmental, and supportive health services to 15 or fewer developmentally disabled persons who have intermittent recurring needs for nursing services, but have been certified by a physician and surgeon as not requiring availability of continuous skilled nursing care.

(f) “Special hospital” means a health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical or dental staff that provides inpatient or outpatient care in dentistry or maternity.

(g) “Intermediate care facility/developmentally disabled” means a facility that provides 24-hour personal care, habilitation, developmental, and supportive health services to developmentally disabled clients whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services.

(h) “Intermediate care facility/developmentally disabled—nursing” means a facility with a capacity of 4 to 15 beds that provides 24-hour personal care, developmental services, and nursing supervision for developmentally disabled persons who have intermittent recurring needs for skilled nursing care but have been certified by a physician and surgeon as not requiring

1 continuous skilled nursing care. The facility shall serve medically
2 fragile persons who have developmental disabilities or demonstrate
3 significant developmental delay that may lead to a developmental
4 disability if not treated.

5 (i) (1) “Congregate living health facility” means a residential
6 home with a capacity, except as provided in paragraph (4), of no
7 more than 12 beds, that provides inpatient care, including the
8 following basic services: medical supervision, 24-hour skilled
9 nursing and supportive care, pharmacy, dietary, social, recreational,
10 and at least one type of service specified in paragraph (2). The
11 primary need of congregate living health facility residents shall
12 be for availability of skilled nursing care on a recurring,
13 intermittent, extended, or continuous basis. This care is generally
14 less intense than that provided in general acute care hospitals but
15 more intense than that provided in skilled nursing facilities.

16 (2) Congregate living health facilities shall provide one of the
17 following services:

18 (A) Services for persons who are mentally alert, physically
19 disabled persons, who may be ventilator dependent.

20 (B) Services for persons who have a diagnosis of terminal
21 illness, a diagnosis of a life-threatening illness, or both. Terminal
22 illness means the individual has a life expectancy of six months
23 or less as stated in writing by his or her attending physician and
24 surgeon. A “life-threatening illness” means the individual has an
25 illness that can lead to a possibility of a termination of life within
26 five years or less as stated in writing by his or her attending
27 physician and surgeon.

28 (C) Services for persons who are catastrophically and severely
29 disabled. A catastrophically and severely disabled person means
30 a person whose origin of disability was acquired through trauma
31 or nondegenerative neurologic illness, for whom it has been
32 determined that active rehabilitation would be beneficial and to
33 whom these services are being provided. Services offered by a
34 congregate living health facility to a catastrophically disabled
35 person shall include, but not be limited to, speech, physical, and
36 occupational therapy.

37 (3) A congregate living health facility license shall specify which
38 of the types of persons described in paragraph (2) to whom a
39 facility is licensed to provide *the* services.

1 (4) (A) A facility operated by a city and county for the purposes
2 of delivering services under this section may have a capacity of
3 59 beds.

4 (B) A congregate living health facility not operated by a city
5 and county servicing persons who are terminally ill, persons who
6 have been diagnosed with a life-threatening illness, or both, that
7 is located in a county with a population of 500,000 or more persons
8 may have not more than 25 beds for the purpose of serving
9 terminally ill persons.

10 (C) A congregate living health facility not operated by a city
11 and county serving persons who are catastrophically and severely
12 disabled, as defined in subparagraph (C) of paragraph (2) that is
13 located in a county of 500,000 or more persons may have not more
14 than 12 beds for the purpose of serving catastrophically and
15 severely disabled persons.

16 (5) A congregate living health facility shall have a
17 noninstitutional, homelike environment.

18 (j) (1) “Correctional treatment center” means a health facility
19 operated by the Department of Corrections, the Department of the
20 Youth Authority, or a county, city, or city and county law
21 enforcement agency that, as determined by the state department,
22 provides inpatient health services to that portion of the inmate
23 population who do not require a general acute care level of basic
24 services. This definition shall not apply to those areas of a law
25 enforcement facility that houses inmates or wards that may be
26 receiving outpatient services and are housed separately for reasons
27 of improved access to health care, security, and protection. The
28 health services provided by a correctional treatment center shall
29 include, but are not limited to, all of the following basic services:
30 physician and surgeon, psychiatrist, psychologist, nursing,
31 pharmacy, and dietary. A correctional treatment center may provide
32 the following services: laboratory, radiology, perinatal, and any
33 other services approved by the state department.

34 (2) Outpatient surgical care with anesthesia may be provided,
35 if the correctional treatment center meets the same requirements
36 as a surgical clinic licensed pursuant to Section 1204, with the
37 exception of the requirement that patients remain less than 24
38 hours.

39 (3) Correctional treatment centers shall maintain written service
40 agreements with general acute care hospitals to provide for those

1 inmate physical health needs that cannot be met by the correctional
2 treatment center.

3 (4) Physician and surgeon services shall be readily available in
4 a correctional treatment center on a 24-hour basis.

5 (5) It is not the intent of the Legislature to have a correctional
6 treatment center supplant the general acute care hospitals at the
7 California Medical Facility, the California Men's Colony, and the
8 California Institution for Men. This subdivision shall not be
9 construed to prohibit the Department of Corrections from obtaining
10 a correctional treatment center license at these sites.

11 (k) "Nursing facility" means a health facility licensed pursuant
12 to this chapter that is certified to participate as a provider of care
13 either as a skilled nursing facility in the federal Medicare Program
14 under Title XVIII of the federal Social Security Act or as a nursing
15 facility in the federal Medicaid Program under Title XIX of the
16 federal Social Security Act, or as both.

17 (l) Regulations defining a correctional treatment center described
18 in subdivision (j) that is operated by a county, city, or city and
19 county, the Department of Corrections, or the Department of the
20 Youth Authority, shall not become effective prior to, or if effective,
21 shall be inoperative until January 1, 1996, and until that time these
22 correctional facilities are exempt from any licensing requirements.